441 78 others--by taking the pilgrimage (and being addressed as Alhaji henceforth), fasting, etc.

*177 • 75 *829 Still another area which was used as a measure of acculturation concerns treatment of disease and attitudes towards Western medicine. This area is closely linked to that of religious attitudes and behavior. There are two types of traditional Kanuri medical specialists. One is a secular specialist who deals with a restricted number of physical ailments: mus- [792] cular pains, swellings, broken bones. The other is the Koranic Malam who writes out verses of the Koran on a wooden board. Particular verses are used to treat specific diseases--the verse is chosen to fit the ailment. The ink is then washed off the board and drunk as a cure by the ailing person. This cure is called alo. Between these two medical specialists the Kanuri have a great many cures for a wide variety of diseases. When asked whether they would go to a European doctor for treatment (Table XXVI), most people replied that they would go. Only [792] seven individuals stated that they would not do so. Two of *[554] these are Koranic Malams, whose own roles in this area conflict directly with the Western medical practitioner; three are mem- [123] bers of the Low-status group. The direct effect of the presence of the anthropologist as an agent of Western culture who cannot avoid distributing aspirins and other pills is seen in the response of an elderly kabuna who stated that he would go for treatment because the anthropologist had come to Geidam, but would not otherwise have gone.

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Table XXVI

*177 *75 *565 *463 *554 *829

Western Medicine: 16. Would you go to a European Doctor?
17. Which is more effective, Western medicine or drinking the ink in which verses of the Koran were written (alo)?

	Europ. Dr.: yes	no	Western medicine	Koran	different purposes	W. medicine cures more rapidly
Aristocracy	5	-	3	1*	1	2
Koranic Malams	1	2	-	2	1	-
Canteen Operators	6	-	3*a	1*b	2	2
NA Malams	6	-	3*c	-	3	1
Kabuna	5*d	1	3	-	3	-
Craftsmen	6	-	3	2*e	1*f	1
Talaka	7*g	1	3	2	3	2
Low-status Individuals	1	3	-	4	-	-
Totals:	37	7	18	12	14	8

*a one canteen operator said that long ago alo was the more useful, but that now doctors were here and Western medicine is more useful.

*b another trader said, "Alo is our cure. This is the era of Western medicine, but alo is more useful."

*c one NA Malam (of agriculture) said flatly, "Alo is no medicine; only Western medicine is real medicine."

*d a kabuna said that he would go for medicine since the author had come to Geidam, but had never gone before and would otherwise not have gone.

*e a young leather-worker said, "Alo is more useful for Moslems."

*f an older leather-worker refused to answer; said that he did not know.

*g an elderly talaka said that he had twice gone to the local dispensary, but that he would not go to a White doctor.

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#177 • 75 #829 When directly confronted by the question of which is the more effective, drinking alo or Western medicine, 18 (41 per cent) said Western medicine, 12 (27 per cent) said alo, 14 (32 per cent) said that they each served a different purpose. Of those who chose Western medicine, eight individuals specifically stated that Western medicine is the more effective because it cures more rapidly. One Canteen Operator noted the changing times, saying that alo had been effective in the past but that Western medicine is more useful today; an NA Malam stated that alo was not medicine. Several of those who chose alo as the more effective added that, "Alo is our cure," and "Alo is more useful for Moslems." The latter responses indic[redacted]er-ence to that which is Kanuri for its own sake, as a means to retain cultural identity. Those who indicated that they would not go to a European doctor in answering the previous question were consistent in maintaining that alo is a more effective cure than Western medicine. The Koranic Malams and the Low-status Individuals refused to acknowledge the effectiveness of Western medicine. The NA Malams and the Kabuna, on the other hand, either chose Western medicine or claimed that the two have different purposes.

[792] [594] [634]

The area of treatment of various diseases is followed up in the next question dealing with six specific types of disease or injury (Table XXVII). The six types of illness or injury were chosen because the author had previously ascertained that for three of these the Kanuri considered that they had effective

[TEXT CONTINUED ON PAGE 285]

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2:Rosman E-5 (1956-1957) 1966 MS14 Kanuri MS14

Table XXVII

18. Western Medicine: relative effectiveness of Kanuri specialists and Western doctors in treating six diseases.

	1. Bone-setting			2. Jaundice			3. Snake bite			4. Head ache			5. Small pox			6. Internal pains		
	Kan	Eu	both	Kan	Eu	both	Kan	Eu	both	Kan	Eu	both	Kan	Eu	both	Kan	Eu	both
Aristocracy	5	-	-	5	-	-	5	-	-	-	5	-	5	-	-	1	4	-
Koranic Malams	3	-	-	2	-	1	3	-	-	2	-	1	1	-	2*b	3	-	-
Canteen Operators	6	-	-	4	1	1	6	-	-	-	6	-	2	4	-	3	3	-
NA Malams	6	-	-	4	2	-	4	2	-	-	6	-	-	6	-	1	5	-
Kabuna	3	3	-	3	2	1	3	2	1	1	4	1	-	6	-	2	4	-
Craftsmen*c	4	1	-	3	1	1	5	-	-	1	4	-	-	4	1	2	3	-
Talaka	8	-	-	5	3	-	8	-	-	1	7	-	-	8	-	3	5	-
Low-status Individuals	2	1	1	-	3	1	4	-	-	-	4	-	-	3	1	1	3	-
Totals:	37	5	1	26	12	5	38	4	1	5	36	2	8	31	4	16	27	-

*a the category of "both" includes responses indicating that both cultures have equally good cures, that neither has a good cure, or that the individual has indicated that he has no idea as to whose cure is more effective.

*b The youngest Koranic malam stated that beforehand European medicine (vaccination) was more effective, but after contracting the disease, Kanuri medicine was more effective.

*c an older leather-worker stated that he did not know the answers for the entire question. After being urged to answer, he said "European" to all six diseases. His answers have been omitted from the above table; the category of craftsmen has only five respondents.

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*177 means of treatment while for three others Kanuri treatment was
• 75 not particularly successful when compared with Western types
*829 of treatment. The Kanuri feel that their traditional means of treating broken bones, bites by poisonous snakes, and jaundice (called "yellow-eye") are effective, and this is reflected in their answers in columns 1, 2 and 3 of Table XXVII. 86 per cent stated that the Kanuri specialist was more effective in setting bones; 60 per cent said that he was more effective in treating jaundice; 89 per cent said he was more effective with snake-bite wounds. With respect to headaches, to smallpox (baru), and to a general complaint of internal pains (tuno), Kanuri treatment is not as effective. As can be seen in columns 4, 5, and 6, belief in the effectiveness of Kanuri treatment for these ailments is low: 12 per cent state that the Kanuri cure for headaches is the more effective; 19 per cent state that they believe the Kanuri cure for smallpox to be more effective; 37 per cent state that the Kanuri cure for tuno is the more effective. The expectation that for the first three ailments the Kanuri respondents would claim that Kanuri cures are more effective while for the latter three ailments they would indicate a greater reliance in the effectiveness of Western medicine was upheld.

[792] Several groups stand out. The Koranic Malams, for example, do not offer a single response indicating that European treatment is more effective than Kanuri treatment, for any of the
*634] six ailments. The Kabuna and the NA Malams tend to respond in

*177 *75 *829 *634

favor of European treatment in larger proportions than do any of the other groups--though their responses favoring European treatment are not as extreme as the responses of the Koranic Malams in consistently avoiding European treatment.

Looking now at each of the diseases in turn (the columns), and concentrating our attention on the deviant responses, 3 of the 5 who preferred European treatment for broken bones (column 1) are in the Kabuna group; the four individuals who chose European treatment for snake bite fall into two groups--the NA Malams and the Kabuna. Thus these two groups reveal a tendency towards preferring European treatment for diseases where the great majority have selected Kanuri treatment as the more effective. With respect to headaches (column 4), only 5 indicate a preference for Kanuri treatment, and 2 of these are in the Koranic Malam group which has already been noted as conservative in this area. But it is in the treatment of smallpox (column 5) that the most interesting finding emerges. Only 8 individuals thought that Kanuri treatment for smallpox was more effective than European treatment, and 5 of the 8 are to be found in the Aristocracy. Only 19 per cent of the sample thought that the Kanuri cure for smallpox was more effective, yet the Aristocracy unanimously thought so. Is the Aristocracy as a group conservative in their approach to treatment of disease? It would not appear so from their responses to the treatment of the five other ailments about which they were questioned. True --they unanimously chose Kanuri treatment for the first three

*177 *75 *829 *565

*177 ailments, but most other individuals chose as did the Aristocracy.
*75 With respect to treatment of headache (column 4) and internal
*829 pains (column 5) the Aristocracy selected European treatment
*565 as preferable, again going with the majority of the sample.
It is only in the attitudes towards the treatment of smallpox that they differ strikingly from the rest of the sample. Their unanimous deviation from the majority must therefore be related to the particular disease--smallpox, rather than to general attitudes of the Aristocracy towards European treatment of diseases.

*177 Smallpox differs from the other five ailments listed in
75 Table XXVII in one significant way. It is the only disease
*829 the treatment for which is dispensed by governmental authority.
*565 Vaccination campaigns against smallpox are under the authority
744 of the National and Provincial governments. This is one of the areas in which super-ordinate authority operates, and Lowans and Ajias alike are under its control. Ultimately, the medical officers in charge of vaccination are European doctors, though the vaccinators themselves may be Kanuri. When there is an outbreak of smallpox, teams of vaccinators are sent in and their authority supercedes that of the local officials--the Lowan and the Ajia, who are forced to cooperate with the vaccinators whatever their own feelings. In the light of this knowledge, the unanimous response of the Aristocracy in preferring Kanuri treatment to European treatment is perfectly clear. Their objection to super-ordinate authority takes the form of denying

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*177 the usefulness of the activities in which the agents of this
*75 authority engage. Taken at face value, the response of the
*829 Aristocracy in column 5 seems to make little sense. Its mean-
*565 ing becomes apparent when the role of this group within the
744 social structure is understood in relation to the behavioral area being investigated.

691 Arbitration of disputes between individuals has been dis-
627 cussed in some detail in the sections dealing with political
*177 organization. The traditional Kanuri way of dealing with inter-
648 personal disputes is for the complainant to bring his dispute before an authority figure for arbitration. For the bulk of the populace this means that disputes are brought before the Lowan or the Ajia. The Alkali is also a part of traditional Kanuri society but his authority now derives from external sources. British colonial government has set up the judiciary as an arm of government, and the Kanuri Alkali is part of this larger system. The decisions of the Alkali given in court are backed up by this external source of power. The judgments of the Lowan or the Ajia when he hears cases in sholo receive their support solely from the power vested in positions within Kanuri society. Willingness to take disputes to court, therefore, represents a tendency to seek for sanctions outside of
*177 traditional Kanuri society. The data on this question are pre-
691 sented in Table XXVIII. Responses in column 1 state simply
627 that the individual would bring his complaint before the Ajia
*829 (or Lowan). The attitude of the Talaka whose response is re-

[TEXT CONTINUED ON PAGE 291]